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CONFIRMATION NO. 7671

<b>SERIAL NUMBER</b> 09/464,520	<b>FILING DATE</b> 12/15/1999 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2684	<b>ATTORNEY DOCKET NO.</b> P/1878-135
<b>APPLICANTS</b> MASAHIKO NAKAYAMA, TOKYO, JAPAN; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> JAPAN 359586/1998 12/17/1998 <i>vent TSC</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/01/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Allowance</i>		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 17
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 16		
<b>ADDRESS</b> STEVEN I. WEISBURD DICKSTEIN, SHAPIRO, MORIN & OSHINSKY, LLP 1177 AVENUE OF THE AMERICAS 41ST FLOOR NEW YORK, NY 10036-2714				
<b>TITLE</b> CONTROL OF AMPLITUDE LEVEL OF BASEBAND SIGNAL TO BE TRANSMITTED ON THE BASIS OF THE NUMBER OF TRANSMISSION CODES				
<b>FILING FEE RECEIVED</b> 1774	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/464,520		FILING DATE 12/15/99	CLASS 370	GROUP ART UNIT 2739	ATTORNEY DOCKET NO. P/1878-135	
APPLICANT	MASAHIKO NAKAYAMA, TOKYO, JAPAN.					
	**CONTINUING DOMESTIC DATA***** VERIFIED <u>TSU</u> <u>None</u>					
	**371 (NAT'L STAGE) DATA***** VERIFIED <u>TSU</u> <u>mm</u>					
	**FOREIGN APPLICATIONS***** VERIFIED JAPAN 359586/1998 12/17/98 <u>TSU</u> <u>ver</u>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/01/00						
Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY JPX	SHEETS DRAWING 11	TOTAL CLAIMS 17
Verified and Acknowledged		Examiner's Initials <u>TSU</u> Initials _____		INDEPENDENT CLAIMS 16		
ADDRESS	OSTROLENK FABER GERB & SOFFEN 1180 AVENUE OF THE AMERICAS NEW YORK NY 10036-8403					
	TITLE CONTROL OF AMPLITUDE LEVEL OF BASEBAND SIGNAL TO BE TRANSMITTED ON THE BASIS OF THE NUMBER OF TRANSMISSION CODES					
FILING FEE RECEIVED  \$1,774	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		